

Reader's Note

This book is a true account based on the author's personal experiences. It is written to reflect on personal life and spiritual growth, and bears no connection to any political stance or organization. Any descriptions of institutional systems are merely objective observations of the environment in which the author lived. Readers are kindly asked to approach this text with reason and understanding.

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Memories of Faith Through Illness

Author: Hu Ming (Ming Hu)

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Dongping's Blessings

1. May the husband become a man who loves the Lord — a spiritual leader in the family.
2. May the wife become a woman deeply loved by God — a helper and companion to her husband, and a positive spiritual influence on her children. May she learn the character and attributes of the Lord and become the wise woman of Proverbs 31.
3. May the children grow to love the Lord, become influential experts in their professional fields, and bring glory to God.

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Introduction: Why I Am Writing This Account

Today I want to write down the course of treatment during the pandemic. COVID-19 began in 2019, and my wife's illness was also discovered on February 1, 2019 (at age 50). She passed away on December 15, 2022 (at age 53). Those four years ran almost exactly in parallel with the pandemic. My wife suffered from thrombocytopenia — a form of aplastic anemia, specifically severe aplastic anemia (SAA), with all three blood cell lines reduced. The three lines — red blood cells, white blood cells, and platelets — were all far below normal levels. The consequences: extreme weakness, impaired blood clotting, bleeding gums, and frequent purpura on her lower legs. I now have the courage to write this because more than two years have passed. The pain has settled. I want to leave a record for my child, my family, and my friends. This is a very real account — a trial of body, soul, and spirit. What follows covers not only the treatment during the pandemic, but also the experiences Dongping and I went through together.

Brief summary: While shopping just before the Spring Festival, she suddenly fainted and was rushed to the hospital. Because it was right at the New Year, we did the bone marrow biopsy after the holiday. The initial diagnosis was aplastic anemia. The hematology department at Qingdao Eastern Municipal Hospital had relatively limited capacity, so they recommended we transfer to the Qingdao campus of Shandong University Qilu Hospital. At Qilu, we did another bone marrow biopsy, confirming the final diagnosis: severe aplastic anemia, all three lines reduced. From that day, we began this four-year-long course of treatment.

How Dongping's Illness Was Discovered

My wife's illness was discovered just before the 2019 Spring Festival — the 27th day of the twelfth lunar month, February 1 on the solar calendar.

That evening, after work, I drove to Taidong. Dongping had gone to a bathhouse near the intersection of Furong Road and Taidong Second Road that afternoon — a place she often visited. I picked her up, and we went to the Lijun underground supermarket to buy New Year supplies. Dongping entered the supermarket around 6:30 PM. I waited in the car. Around 7:30 PM, someone from the supermarket called — using Dongping's phone. They said my wife had fainted and told me to come in immediately.

I rushed inside. Dongping was slumped by the checkout counter, her face pale, her head bowed — completely drained. The supermarket staff had given her a chair. I asked what was wrong; she said she felt dizzy and had no strength. I quickly paid, carried two large bags of groceries, and helped her to the parking lot and into the car.

On the way home, I wondered: was it low blood sugar? Maybe she was just hungry? I told her we'd observe — if she still felt bad when we got close to home, we'd go straight to the hospital. She nodded and said, "OK." By then she barely had the energy to speak and lay across the back seat. When we were nearly home, I asked again. She said yes, let's go — nothing had improved. So I drove directly to the ER at Qingdao Eastern Municipal Hospital.

In the ER, the doctor did an emergency blood draw. The results showed that her red blood cells, white blood cells, platelets — all her blood indicators — were critically low. At

that point, we had no idea what the illness was. We could only treat the symptoms. On top of that, it was Spring Festival, and the attending physicians were on holiday. Key tests like the bone marrow biopsy would have to wait until after the holiday. That day was the 27th of the twelfth lunar month, so we essentially spent the New Year in the hospital.

The doctors first gave her a red blood cell transfusion to restore some strength. Once she was admitted, I called my younger brother, Hu Bo. He brought his whole family to visit. At that time, my mother was still in reasonable health and could come too. My brother and his family also brought us food. Sister Wang Xiaoli came as well, ordering a lot of takeout for us. And so our family spent that Spring Festival in the hospital — with worry and unease.

After the holiday, when the doctors returned, they first arranged the bone marrow biopsy. I remember it was first done at the pelvic site. The preliminary diagnosis was aplastic anemia. The result was a shock to us. The doctor then did a second biopsy at the sternum. After consulting with specialists, the hospital determined it was aplastic anemia — and severe: all three blood lines reduced. However, the hematology capacity at Eastern Municipal Hospital was modest, so they recommended a transfer. They suggested the Qingdao campus of Shandong University Qilu Hospital, saying their hematology department had more experience. Around the tenth day of the new year, Dongping's sister and I transferred her to Qilu. From that day forward, we formally began this four-year journey of inpatient treatment.

Transfer to Qilu Hospital

After completing the admission procedures at Qilu Hospital, we were assigned to Ward No. 1 in the hematology

department. The ward had two beds — we took Bed 2. There was a large air purifier in the room that hummed loudly all day. That first night, Dongping and I both felt the crushing weight of this diagnosis — aplastic anemia — but neither of us wanted to say it aloud, afraid the other couldn't bear it. So instead, we prayed together in the ward. We sang hymns together. We encouraged one another, hoping that by the Lord's grace we could get through this trial. Although at that time we were praying for physical healing while overlooking the element of surrender — something I only came to understand two years later — in those early days, prayer and hymn-singing were a deep source of comfort.

Through this process, we also gained a much deeper understanding of aplastic anemia and thrombocytopenia. The road was incredibly hard, but it brought us closer — more companionship, more understanding. Our daughter Hu Shuang was abroad, and with the pandemic beginning to unfold, we decided not to ask her to return.

Meeting Teacher Deng

At first, Bed 1 was empty, though it was clearly taken by someone. On the second or third day, a new patient arrived: Teacher Deng Min. She was an English teacher at a language school in Qingdao, around forty-five years old — an elegant woman, round-faced, very thin, fashionably dressed. Although she had a bed in the ward, she barely stayed. Each time, she'd come only for the necessary treatment — for example, a platelet transfusion — and then go straight home. We later learned that her husband was Yao Guihua, the deputy director of cardiology at Qilu Hospital, and that her daughter was a nurse at the same hospital.

Because they shared the same ward, Dongping and Teacher Deng got to know each other, and over time became friends. They were both aplastic anemia patients, of similar age, and their personalities were alike — both outgoing and warm, both with a certain pride. They had a lot to talk about.

In May 2020, Teacher Deng specifically bought Dongping two small pots of fresh flowers. One was a jasmine plant — white blossoms, very beautiful. I later placed it at my office. In August 2021, Teacher Deng, believing that moxibustion had worked well for her, bought a box of portable moxa sticks — she even included a lighter. By coincidence, I had started teaching myself acupuncture and moxibustion that same year, so I followed acupoint charts and gave Dongping some supplementary treatments.

On a related note — Dongping most liked the set of electronic meridian point massagers I bought. Three or four acupoints at a time, with a timer — massaging her Taichong, Sanyinjiao, Xuehai, and other points. She said it felt quite comfortable. What she disliked most were my acupuncture needles and blood-letting lancets. She had, after all, been stuck with hospital needles far too many times.

Dongping was a Christian; Teacher Deng Min was a Buddhist. But that did not stand in the way of a deep four-year friendship between them. They often exchanged treatment experiences, encouraged one another, and faced the illness together. I say four years because after Dongping passed away, I never again heard from Teacher Deng Min. May she be safe and well.

The Medical Environment at Qilu Hospital

Here is the basic lay of the land at Qilu Hospital. The main campus of Shandong University Qilu Hospital is in Jinan. At the end of 2013, it opened a branch in Qingdao — that is the Qingdao Qilu Hospital where we received treatment, located at the northwest corner of the intersection of Hefei Road and Jinsongwu Road. The hospital was originally founded by missionaries at the end of the last century, and was later converted into a state-run institution.

Strictly speaking, Qilu Hospital is not exactly at that northwest corner — it is set back from the intersection by over a hundred meters. In between stands another hospital, the Qingdao Endocrine and Diabetes Hospital, a single building separated from Qilu by just one wall. I mention it because during the later stages of the pandemic, you could get nucleic acid tests there — the procedures were less strict — and it also had an underground parking lot. Sometimes, when I saw the queue of cars outside Qilu was too long, I would simply park at this other hospital. Quite convenient.

We first registered at Qilu's hematology outpatient clinic, then were admitted to the ward. The doctor who received us was Director Li Zhao. He initially assigned Dongping's daily care to the attending physician, Dr. Dong Wenhao. Later, Dr. Dong was sent to the Jinan main campus for training — supposedly for a promotion. But because of her relatively low emotional intelligence, even after the training ended, she was never promoted. Dongping had foresight; at the time, she said, "Even with the training, Dr. Dong won't get promoted." She was right. Li Zhao was the deputy director. The director was Yuan Chenglu. Around 2021, Director Yuan was due to retire but didn't want to; his term was extended.

Yet the hospital also brought in a Director Qin, who always carried the air of a designated "successor."

Dongping's attending physicians changed several times over the years. One was a Dr. Jian who had returned from studying in the US — a female doctor, somewhat brusque and unsmiling. The one who left the deepest impression was Dr. Gao Sheng — tall, dark-skinned, round-faced with short hair, big eyes — a very sharp young doctor. During Dongping's treatment, he was promoted and became a candidate for deputy director of hematology, highly regarded by Director Yuan. He handled most of Dongping's care in the later stages. More senior than Gao Sheng was a young Party-member doctor named Wang Juan — very rigorous. She communicated with me frequently in the later period. In the second half of 2022, Dongping was mainly under the care of Gao Sheng and a doctor named Liu Yalu. Changes in attending physicians are common during long treatments, but these several left a deep impression. Others, like Dr. Hao Hongyuan from a different team, also helped us.

In the emergency internal medicine department, the doctors we frequently encountered were a male doctor, Li Xunyou, and a female doctor, Dong Meizhen. Both were very conscientious and went out of their way to help us.

The hematology ward had over ten nurses. The head nurse was Cao Naiyue. Each shift had three nurses stationed at the mobile treatment computers in the hallway, responsible for administering injections and IVs to patients in all the rooms on the 17th floor. At the nurse station, there were at least two more nurses — one of them was the head nurse's trusted aide, responsible for assigning beds and handling admission and discharge paperwork. Another one or two nurses

handled medication preparation, distribution, and delivery to each ward.

Qilu Hospital's campus is divided into Phase I and Phase II. We were hospitalized in the Phase I building. The 17th floor housed both the hematology and ophthalmology wards — you could see the ward area as soon as you stepped out of the elevator. The building is a long, narrow east-west structure. On the north side of the ward corridor, in the middle, sits the nurse station, flanked by wards to its east and west. The south side of the corridor is entirely wards. The elevator is at the northeast corner. Stepping into the ward area, on your right is Ward No. 1, next to the ophthalmology doctors' office and the hematology nurse station. The nurse station is very long — about twenty-plus meters — with eight computer workstations. The four stations to the east of the counter, plus four behind them, are for doctors. The four to the west are for nurses. North of the nurse station counter, from east to west, are the hematology department's large conference room, the supply room, and the medication preparation room.

On the south side of the corridor, the wards are neatly arranged — nineteen rooms in all. The two wards on the east side are sterile rooms specifically for bone marrow transplants, directly across from our Ward No. 1, which was a clean room. On the north side, besides the nurse station, there are another seven or eight wards to the west. Most of these are used by hematology; ophthalmology uses only a few.

We stayed in Bed 2 of Ward No. 1 — a two-bed room with air purification equipment, relatively good conditions, though the noise was considerable. Aside from the sterile rooms

across the way, most ordinary wards were three-bed rooms, with a rare four-bed here and there. In 2019, beds were still fairly plentiful. But from 2020 onward, especially during the pandemic, hospital admissions grew very tight. Hematology and ophthalmology patients shared this floor.

Hospital Admission Procedures

The admission process went like this: in 2019, when we were discharged, the attending physician would directly issue us a certificate for the next admission — written right there in the ward — with a rough date for the next hospitalization. We didn't need to register again at the outpatient clinic; we could go directly to the admissions office. If a bed was available, we would be admitted immediately; if not, we had to wait. In the early phase of the pandemic, this method still worked. But starting in the second half of 2019, the rules changed: we now had to register at the outpatient clinic and present a negative nucleic acid test result. The person accompanying the patient also had to be tested.

Sometimes, if no bed was available in the ward, we had to transfer to the emergency department. The ER does have beds and provides treatment, but we hated going there. The atmosphere was tense, the environment chaotic, and the doctors and nurses were frantically busy. In the hematology ward, everyone was familiar; communication was smooth. In the ER, the staff didn't know us, and some procedures became far more rigid. Take blood draws, for example. In the later stages, Dongping had a PICC line — a catheter inserted through a vein in her arm leading to the large vessels near her heart, making IVs and blood draws much easier. In the hematology ward, the nurses could draw blood directly from the PICC line. Yes, a portion of blood would be wasted, but

the patient felt no pain. In the ER, however, both doctors and nurses refused to draw from the PICC line. They considered it a violation of protocol. No matter how much we explained, no matter how weak the patient was, they insisted on drawing blood from her hand — or even her foot. For someone already so frail, this was sheer agony. Moreover, before a blood transfusion, they needed another needle stick for the cross-matching test. In the hematology ward, nurses would draw a little extra blood ahead of time and keep it for this purpose. In the ER, they required a fresh draw every time. Beyond the pain of blood draws, the ER environment was nothing like the quiet, clean ward: over twenty beds crammed into a hall under 200 square meters, no airflow, no privacy. We only went there when we had absolutely no choice. The only real "advantages": once admitted through the ER, you got priority for an available bed in the hematology ward later; and tests like CT scans came back somewhat faster.

Nucleic Acid Testing

As for nucleic acid testing — I want to say more about this, because it deserves its own account. Let me start with the cost. Before July 2020, a single test cost 150 yuan. After July 2020, the price dropped to 75 yuan per person. Around October 2021, it became 55 yuan; in December, 40 yuan. Once hospitalized, the cost for the patient and one accompanying family member could be reimbursed. From May 2022, testing became free — but that also marked the beginning of universal, frequent testing. If the test came back negative, the certificate's validity period was initially 15 days. With a doctor's signature, it could be extended another 15 days. Later, the validity was shortened to 7 days. During the so-called "raging" phase of the pandemic —

around 2022 — it became 3 days, then 48 hours, then 24 hours. By the second half of 2022, you had to wait until the admissions office notified you that a bed was available before you could go get tested — and the test could not be more than 24 hours old. After admission, the nurses would test both patient and accompanying person twice daily, morning and evening, and log every result.

I have many personal thoughts about nucleic acid testing. As a means of protecting patients and their caregivers during the pandemic, testing had its rationale and necessity in the early stages. After all, for three years, it was a key tool in pandemic control. But once the pandemic ended, the entire nation learned the "truth" about nucleic acid testing. The interest group centered on Zhang Hezi and its protective patrons gradually surfaced. It was nothing more than a massive commercial fraud loosely connected to epidemic control. The testing companies under their umbrella maliciously expanded the scope of testing far beyond what was needed, making it ubiquitous and thoroughly commercialized. The damage it caused went far beyond epidemic prevention itself.

Take my wife's condition as an example. She suffered from thrombocytopenia and needed hospitalization almost every week for a day or two. Most of these admissions were because her red blood cell and platelet levels had dropped too low — she had to receive platelet transfusions, or red blood cell transfusions when those indicators fell. Right after being discharged, with the fresh transfusion, she would be at her strongest. But four or five days later — because her bone marrow could not generate blood cells on its own — those components would rapidly deplete. She would become extremely weak. Her gums, her calves, and other areas

would bleed and couldn't easily stop. And it was exactly at this moment of greatest physical weakness — before every admission — that she had to take a nucleic acid test. Through spring, summer, autumn, and winter — regardless of heat or cold, wind, rain, or snow — I had to bring her to wait in line for testing. The situation became especially severe after the 2022 Spring Festival. Everywhere, there were endless queues of people getting tested. If I drove, there was often nowhere to park. If we took a taxi, we had to wait by the roadside. If I pushed her in a wheelchair, we were exposed to every kind of weather. The testing queues included all sorts of people: patients needing tests before consultations, caregivers needing tests before entering wards, travelers needing pre-departure and post-return tests — even the truck drivers delivering vegetables to the hospital had to be tested. Nucleic acid testing became an omnipresent, non-negotiable requirement.

Before each hospital admission, I had to first go to the outpatient clinic, get the attending doctor to issue an admission certificate, and then queue at the admissions office to see if there was a bed. If a bed became available, we had to rush to get tested. I could handle the paperwork myself, but the test itself — the patient had to be present. By this time, Dongping was already extremely weak. Either I would pick her up from home and bring her to Qilu Hospital for the test, or I would push her in a wheelchair to the nearby Endocrine and Diabetes Hospital for the test. Looking back, this exhausting back-and-forth defined almost all of 2021 and 2022.

In the hospital, no matter how critical your condition, nucleic acid testing came first. Once, Dongping had a fever of 39 degrees. We rushed her to the ER. But because her

temperature was too high, they immediately pushed us out and said we had to go to the adjacent fever clinic to get tested first. That time, we waited over three hours in the fever clinic for the expedited test result. Only after the result came back negative was she allowed to proceed with fever reduction, blood draws, platelet transfusions — any further treatment. At every entrance — outpatient, emergency — layer upon layer of testing equipment was set up to verify each person's health code and test information. Entering the hospital felt like entering a top-secret government facility.

I often think: how many chronic disease patients like us — blood disease patients — were there across the country, needing regular hospital admissions? And every single time, at precisely the moment of greatest physical weakness, they had to endure the ordeal of queuing for a test in freezing wind or scorching heat. And how many people with sudden emergencies — heart attacks, traumatic injuries, and other conditions requiring urgent care — were turned away at the hospital door simply because they didn't have a negative nucleic acid test result? For us and for those patients, the misery and suffering caused by such arrangements is genuinely beyond words.

Another major problem brought by nucleic acid testing was that it cut off the possibility of seeking medical treatment in other cities — for us, and for countless others. In 2019, we could still go to Peking Union Medical College Hospital in Beijing; travel was straightforward. But from 2020 onward, everything changed. With health codes and travel codes, you had to report wherever you went. Even with a test, upon arrival in another city, you had to quarantine. Sometimes local hospitals wouldn't even accept test results from other regions. Some places would forcibly quarantine you simply

because you came from a "risk area." Quarantine could last days, weeks, even a month. Any illness would be delayed past the point of treatment. Reports emerged from many places...

Caregiving During Hospitalization

During the four years of hospitalization, I was Dongping's primary caregiver the vast majority of the time. In the beginning, I took leave from work and stayed with her in the ward full-time. Later, as the treatment stretched on, I had to return to work and could only come in the evenings and on weekends. Dongping's older sister and younger sister also took turns helping out when they could. By 2021, with the pandemic still raging and Dongping growing ever weaker, we began hiring professional caregivers. For about the last year and a half, a caregiver named Xiao Zhu was with us. She was in her forties, from the countryside outside Qingdao, hardworking and patient. She helped Dongping with washing, using the toilet, getting in and out of bed, and keeping her company during the long days in the ward. Xiao Zhu was with us right up until Dongping's final moments.

The hardest periods were when Dongping was in the ER. There, the beds were crammed together, and caregivers couldn't lie down to rest. I would sit on a small stool by her bedside through the night, holding her hand so she knew I was there. When she had a fever, I would wipe her down with a warm towel to bring the temperature down. When she was in pain, I would massage her hands and feet until she fell asleep.

In the hematology ward, conditions were somewhat better. The beds were wider, the room quieter. The other patients and their families became familiar faces. We all understood

one another in a way that people outside those walls never could. When someone received good news from a test, everyone quietly celebrated. When someone took a turn for the worse, the ward fell silent in shared grief.

Treatment Plans

Dongping's treatment followed the standard protocol for severe aplastic anemia. The core approach was immunosuppressive therapy combined with supportive care. The medications included cyclosporine to suppress the immune system's attack on the bone marrow, androgen hormones to stimulate hematopoiesis, and eltrombopag — an expensive imported drug designed to stimulate platelet production. For supportive care, she received regular transfusions of red blood cells and platelets, along with antibiotics and antivirals to prevent infections, since her white blood cell count was dangerously low.

At one point, the doctors discussed the possibility of a bone marrow transplant. This is, in theory, the only potentially curative treatment for severe aplastic anemia. But it came with enormous risks: finding a matching donor, the grueling pre-transplant conditioning regimen, and the high probability of graft-versus-host disease. Dongping thought about it carefully and decided against it. She said she didn't want to spend her remaining time suffering through a treatment that might kill her faster than the disease itself. I respected her decision, though it was the hardest thing I've ever had to accept.

We also tried numerous Traditional Chinese Medicine approaches — herbal decoctions, acupuncture, moxibustion, dietary therapy. I'll describe these in more detail later. None of them produced dramatic results, but several brought

genuine comfort, and more importantly, they gave us a sense of agency — something the hospital's standardized protocols never provided.

Visit to Peking Union Medical College Hospital

In 2019, before the pandemic restrictions tightened, we managed to travel to Beijing to seek a second opinion at Peking Union Medical College Hospital — commonly known as PUMCH or Xiehe Hospital, widely regarded as China's top medical institution. We brought all of Dongping's test results and medical records. The hematology specialist we saw reviewed everything thoroughly and essentially confirmed Qilu Hospital's diagnosis and treatment plan. The visit didn't change our course of treatment, but it gave us peace of mind — we knew we weren't missing some better option. After that, we settled fully into treatment at Qilu.

The trip itself was exhausting for Dongping. The train ride, the taxi, the waiting at the hospital — every step drained her. But she insisted on going. She wanted to know, with certainty, that we had left no stone unturned. That was Dongping: never one to passively accept a situation without understanding it fully.

Choosing Qilu Hospital for Treatment

After returning from Beijing, we committed fully to treatment at Qilu Hospital. There was a kind of relief in the decision — no more second-guessing, no more wondering if we should try somewhere else. This was our battleground now. We would fight here.

Dongping's attitude amazed me during this time. Once she accepted the reality of her illness and the limitations of what medicine could offer, she became remarkably calm. Not

resigned — calm. She focused on what she could control: her diet, her daily routine, her spiritual life. She read her Bible every day. She prayed. She kept a journal. She treated the nurses and doctors with genuine warmth, learning their names, asking about their families. In return, they went out of their way to care for her.

I, on the other hand, struggled far more with acceptance. My mind raced constantly — searching for alternative treatments, analyzing lab reports, questioning every medical decision. Dongping would often tell me: "You need to let go a little. You can't control this." She was right, of course. But letting go was the hardest thing I had ever tried to do.

Liver Disease Treatment

As a side effect of the many medications, Dongping's liver function was frequently compromised. Her transaminase levels would spike, requiring intervention from the hepatology department. In late 2019 and early 2020, she had to make several visits to the Traditional Chinese Medicine liver clinic. The hepatologist prescribed herbal formulas to protect and restore liver function. This pattern — treating the blood disease while simultaneously managing drug-induced liver damage — became a recurring theme throughout her illness.

Early Menopause

The heavy medications also triggered early menopause for Dongping. She was barely fifty. The hormonal changes compounded her physical misery — hot flashes, mood swings, insomnia — on top of everything else. I remember her saying, half-jokingly, "My body is falling apart one system at a time." There was no humor in her eyes when she said it. We dealt with it the way we dealt with everything

else: one day at a time, and when that was too much, one hour at a time.

Infection of the Left Thenar Muscle

One of the most frightening episodes occurred when Dongping developed an infection in the thenar muscle of her left hand — the fleshy pad at the base of the thumb. It started as a small red spot and within days swelled into a painful, pus-filled abscess. For a patient with almost no immune function, any localized infection could quickly become systemic and fatal. The doctors acted fast — IV antibiotics, wound care, close monitoring. For several weeks, her hand had to be kept completely dry and wrapped in plastic for showering. The infection eventually subsided, but it left a deep scar — both on her hand and in my memory. It was a stark reminder of how fragile her hold on life had become.

Help from the Qingdao Central Blood Station

Throughout Dongping's treatment, we depended heavily on blood and platelet transfusions. Aplastic anemia patients cannot produce their own blood cells; they survive on the generosity of blood donors. The Qingdao Central Blood Station became, in a very real sense, our lifeline. Every unit of red blood cells, every bag of platelets — each one came from a stranger who would never know whose life they had extended.

I developed a deep gratitude toward blood donors during those years. I started donating blood myself whenever I was eligible — it was one of the few tangible things I could do in the face of helplessness. Dongping was always moved when I told her I had donated. She would say, "Someone out there is going to receive what I've received so many times."

The blood station staff also went out of their way to help us. Because Dongping's blood type was relatively uncommon and her condition required frequent transfusions, they prioritized matching for her whenever possible. Several times, when platelet supplies were critically low, they managed to find compatible units for her. I will always be grateful for their efforts.

The process of receiving blood products was not straightforward, though. Every transfusion required paperwork, approvals, and cross-matching. Sometimes the platelets would arrive late at night, and the nurse would have to wake Dongping to start the IV. She never complained. She understood that every unit was precious, and timing was often beyond anyone's control.

One memory stands out. During a severe shortage in early 2022, Dongping's platelet count dropped dangerously low. The blood station had no matching units. I was frantic. A nurse quietly suggested that directed donations might help — where family members with compatible blood types donate specifically for the patient. I immediately called my brother and Dongping's sister. They both went to donate. Whether their specific units reached her or not, I don't know. What I do know is that the very next day, platelets arrived. It felt like a miracle, even if it was simply the system working as it should. In those years, you learned to receive every small mercy as a gift from God.

Fellow Patients

Wu Yongxia and Zhang Xia

Among the fellow patients in the hematology ward, two women became especially close to Dongping: Wu Yongxia and Zhang Xia.

Wu Yongxia was about the same age as Dongping, also suffering from a blood disorder. She was from a rural area outside Qingdao, a straightforward woman with a booming laugh that seemed entirely out of place in a hematology ward — yet somehow, it was exactly what we all needed. Yongxia had been through multiple rounds of chemotherapy and had lost all her hair. She wore colorful scarves wrapped around her head, each one a small act of defiance against the disease. She used to say, "I may not have hair, but I still have style." Dongping loved her for that.

Zhang Xia was younger, in her early thirties, newly married when she was diagnosed with leukemia. Her husband came to the hospital every single day without fail, even when he had to work double shifts to afford the medical bills. Zhang Xia was quiet, often in pain, but she never lost her gentle smile. Dongping took a protective, almost maternal attitude toward her. They would sit together in the ward, Dongping telling Zhang Xia about her daughter in America, Zhang Xia showing Dongping photos of her wedding on her phone.

The three of them — Dongping, Yongxia, and Zhang Xia — formed a small sisterhood within those hospital walls. They shared food, shared stories, shared fears they couldn't express to their families. When one was having a particularly bad day, the other two would rally around her

bed. In a place defined by illness, they carved out a space for friendship and even laughter.

Yongxia eventually improved enough to be discharged for extended periods. Zhang Xia's condition worsened. She was transferred to the ICU and passed away in 2021. Dongping wept when she heard the news. After that, she would sometimes stare out the window of the ward, quiet for long stretches. I knew she was thinking about Zhang Xia — and perhaps, about her own fate.

Daily Life

Clothes Shopping

Dongping had always liked clothes. Not in a frivolous way — she simply enjoyed dressing well. She had a good eye for color and cut. Before she fell ill, she would occasionally treat herself to something nice at JUSCO — the Japanese department store in Qingdao's Shinan District where she had once worked. She knew every floor of that store.

During the first two years of hospitalization, when she still had some strength, we would sometimes sneak out of the ward together and go to JUSCO. It was like the old days at her JUSCO. We would eat at the food court, browse the clothing stores. Every time, we'd share a soft-serve ice cream cone — buy one, get one free. She could never finish hers, so she'd hand it to me. Once, we spotted the head nurse, Cao Naiyue, eating noodles at a restaurant in JUSCO. We "fled" in the opposite direction, terrified of being caught.

Personal Care

Dongping's complexion was not particularly fair. She didn't seem to care much for makeup either — I think it had something to do with her being somewhat outgoing in

school. After she started working, she would wear light makeup and lipstick. Her hair was always beautiful — thick, dark, with a slight natural wave. For convenience, she usually wore it in a ponytail, tied at the back of her head rather than low — giving her a crisp, capable look.

After she got sick, I became the one to trim her fingernails and toenails. Before that, I'd mainly just done her toenails. Around age forty-five or forty-six, she developed athlete's foot. Her heels would get dry and cracked, sometimes painfully so. My mother had a theory: you shouldn't treat athlete's foot, because if you do, the fungus will just move somewhere else in the body. Better to keep it on the feet. Honestly, we didn't know. So I bought a pedicure kit and, after soaking her feet, would use various tools to trim, file, and apply moisturizer. The results were passable. After she fell ill in 2019, with all the medications she was on — who knows which one did it — her athlete's foot actually cleared up. A case of accidental cure.

Washing Up

Dongping wasn't particularly particular about washing her face or brushing her teeth. A bit of facial cleanser did the job, and she used an ordinary soft-bristled toothbrush. Around May 2015, when we went to the US for Hu Shuang's high school graduation — it was probably around that time that we both started using electric toothbrushes, Philips ones. I think Hu Shuang had sent them to us earlier. I loved mine — I could brush faster. But Dongping didn't like it; she said the vibrations made her head uncomfortable. Eventually, I "encouraged" her to embrace technology, and she grudgingly adapted. But during hospital stays, she still preferred the soft-bristled manual brush — mainly because it was portable and didn't need charging.

However, Dongping absolutely loved taking baths — the kind that lasted one or even two hours. Sometimes, if our home water heater didn't have enough hot water, she would go to a bathhouse or public bath. This is something I still don't fully understand, since my showers last about fifteen minutes. I genuinely cannot fathom how she bathed. When we lived on Hong Kong Middle Road, her favorite place was the Dongfangquan Bath Center at the southwest corner of Yan'erdao Road and Zhangzhou 1st Road. It closed around 2017, and she switched to a bathhouse in Taidong. But after she got sick and had no strength, I had to bathe her. Her hair was long and thick — that took extra time, about half an hour each session. I suppose this barely met her minimum standards for a proper bath.

In our Tiantai Huayuan apartment, the shower room made bathing convenient. Later, when we moved to Yihai Huayuan and Chunguang Shanse, there was no separate shower room. She had to sit on a bathroom stool to wash. During the months of her hand infection, not a drop of water could touch it; every bath meant wrapping her hand in plastic bags. And from 2020, with the PICC line in place, following other patients' advice, we bought plastic sleeve covers online and had to wrap her upper arm carefully before every wash.

Because she couldn't wash her own hair freely, Dongping was often frustrated and even wanted to cut it all off. At one point, Wu Yongxia said to her, "Look at me — chemo took all my hair. I don't even know when it'll grow back. I'd trade places with you in a heartbeat." Still, as Dongping's strength declined, bathing gradually became an athletic event. So in early 2022, I bought a foldable shampoo chair. With little plastic ear covers, Dongping could lie down while I washed

her hair. But I couldn't push it past once a week at most. Every time, I scrubbed her scalp vigorously — going too long without washing felt terrible. Sometimes, when we were in the hospital and her hair needed washing, all we could do was have her lie on the bed with her head hanging over the edge for a makeshift wash. A few times, the caregiver did this for her.

Writing these details now, their faces and voices rise up in my mind. I can almost hear their intimate, bright conversation. Yes — this is how they are, in heaven.

Doctors and Nurses

In the hospital, aside from fellow patients, the people we interacted with most were the doctors and nurses.

Dongping was initially under the care of Dr. Dong Wenhao. Later, her primary attending physician became Dr. Gao Sheng, with a few other young doctors also taking over at different times. Each had their own style, but most were conscientious and responsible — especially Dr. Gao Sheng, with whom communication was consistently smooth.

We had even more contact with the nurses than with the doctors. Hematology patients have blood drawn almost daily. If the condition was acute, daily draws were the norm. If it eased slightly, every two days. Even at the most relaxed, three days between draws was still considered frequent. In the beginning, before the PICC line, every draw meant finding a new vein. Sometimes they had to take over a dozen vials at once. The veins in the crooks of both her elbows were punctured literally hundreds of times.

IV needles were changed every seven days to prevent infection. Blood disease patients already have compromised

immunity, and infection was the greatest fear. After the PICC line was installed, a nurse had to clean the catheter entry site once a week and record it meticulously in a dedicated logbook to prevent bacterial growth.

With the PICC line, IVs became much easier — no more repeated needle sticks. For blood draws, the ward nurses could draw from the line. However, because the catheter was long, they had to first withdraw and discard about 20ml of blood; only what came after was a fresh sample.

We went through all of these routines during our daily hospital stays. The ward nurses, through frequent contact, gradually became familiar with us. Hospitals are cold places, but in human care and interaction, there is still warmth.

But in the ER, things were different. They were extremely strict: no blood draws from the PICC line. No matter how much we explained, no matter how frail the patient, they insisted on fresh needle sticks — from the hand, or even the foot. This was agonizing for Dongping, especially in the later stages when her veins were nearly impossible to find. After the draw, they also needed a cross-matching test. The ward nurses would draw a little extra during the first draw and save it for this purpose. The ER required a completely new draw every time — deeply distressing.

There were about twelve nurses on the 17th floor hematology unit. Apart from Head Nurse Cao Naiyue, I can't recall all the names. One was Xun Xiaoli — a descendant of the ancient philosopher Xunzi, skilled at her work. She was the nurse on duty the night Dongping passed away and administered Dongping's final resuscitation measures.

Another nurse lived in the same building where we eventually rented — Building 4, Unit 1, Apt 402 in Chunguang Shanse Phase II. I've forgotten her name. She had two daughters. When I was moving things for Sister Zhou Yang, this nurse helped me carry. Later, I gave each of her daughters a kitchen timer — I had bought several, and Dongping used to give them as small gifts to others.

Zhang Yufen was also a nurse, on good terms with the head nurse. Later, she stopped doing injections and instead worked exclusively at the nurse station handling bed assignments, admissions, and discharges — essentially managing daily operations in the head nurse's stead. During her interactions with Dongping, she discovered they shared a common ground in Christian faith. This brought them closer, and she would give us special consideration in bed assignments — once even helping us switch beds.

Dongping's favorite nurse was named Wen Qing — I've forgotten her surname. Tall and slender, she was incredibly patient with patients and especially responsive to Dongping's needs. Since nurses always wore masks, my impression of her was limited to slightly larger eyes. One day, when she finally removed her mask, I realized her actual face was nothing like what I had imagined behind it. Less than a month after Dongping passed away, my mother was rushed to the Qilu ER. When I went to the nurse station to borrow a thermometer, I happened to run into Wen Qing, who had been called down to help in the ER. I never saw her after that. I remain grateful for her consistent kindness.

There was another nurse named Liu Hui, also with big eyes, who lived in Taidong. Because she didn't get along with the head nurse, when the pandemic started, she was assigned to

do nucleic acid testing for the endless crowds — for nearly two years. There was a silver lining: she worked in the temporary testing station next to the hospital's main entrance. When she was on duty, the nasal swabs were much gentler — sometimes she'd even skip the nasal swab entirely. A real help to us. Later, she was reassigned to a small booth near the ward building entrance, testing only those who qualified for admission. The work was lighter than before. To show our gratitude, Dongping had me bring her small gifts.

These were our real experiences with the doctors and nurses over the course of treatment. On the whole, most medical staff were conscientious and did their best. The problems lay in processes and systems — so often rigid and devoid of human feeling. I sincerely hope this hospital, founded by missionaries, can one day truly let its patients feel cared for — and handle every issue from the patient's perspective, rather than operating as a cold, profit-driven machine.

A Place Without Love Is Hell

In the course of treatment, we could not avoid confronting the coldness and mechanization present in the hospital and the broader medical system. Some doctors and nurses were genuinely dedicated and compassionate. But more often, what we felt was an institutionalized weariness and a numbness toward the value of life. Faced with patients' anxious eyes and family members' trembling pleas, most people simply "followed procedure" by rote. Few were willing to pause, to listen, or to offer even a scrap of mercy.

These medical workers share the same predicament as I do — living in a country starved of love. We are "born of the same root." Yet they remain unaware of — or, aware but

unwilling to resist — the system's control, choosing instead to prioritize their own interests over those of the "strangers" who come seeking help. I know many of them are also under tremendous pressure.

I do not wish to blame individual healthcare workers. But I do want to say this: if there is no love in medicine, then no matter how advanced the technology, it remains cold, mechanical procedure. If there is no compassion in the hospital, then the wards are nothing but man-eating hells.

Consider this: not only was Qilu Hospital founded by missionaries in the last century — nearly all of China's most famous hospitals were originally founded by missionaries as well. After the "change of dynasty," these hospitals were transformed beyond recognition — surely not what their founders intended. May every healer, regardless of rank or status, never forget that what stands before you is not a case file, but the center of someone's family — a living, breathing person in pain, in need of understanding. May you be not only an executor of techniques, but a guardian of compassion.

Because what truly heals a person has never been medicine alone. It is that small measure of love in the heart.

Seeking Help from Outside Experts

Dr. Liu Yujie

We also sought help from outside experts on our own. The first specialist we found was Dr. Liu Yujie, a practitioner of Traditional Chinese Medicine at a blood disease hospital in Kaifeng, Henan. She carried on the tradition of the "Six Fresh Herbs Decoction" — said to have a "cooling the blood and

reducing fever" effect for aplastic anemia patients. She and Dr. Wang Zemin at Beijing Wangjing Hospital were both promoting it. Both had studied under the renowned Henan TCM master Sun Yimin, who reportedly had some expertise in treating blood diseases, particularly leukemia, with Chinese medicine.

We bought six or seven cases of the Six Fresh Herbs Decoction — twenty bottles per case, 250 milliliters per bottle. Online reports claimed it was highly effective for leukemia and aplastic anemia. In Dongping's case, the effect was minimal. More importantly, under pandemic conditions, we couldn't travel to see the doctor in person.

But through this, we developed a fairly deep connection with Dr. Liu Yujie. Over the span of a year or two, we maintained close contact about Dongping's treatment — an introduction we owed to Teacher Deng Min. It was the evening of May 9, 2020, that Teacher Deng, visiting Dongping's ward, introduced us. By then, Dongping and Teacher Deng were no longer in the same room — Teacher Deng's bed was in another ward. But when she heard Dongping was there, she came over, and they sat and talked. All the nurses on the 17th floor knew Teacher Deng's situation — that she was Director Yao's wife and that she and Dongping were close. So they never interfered with their long conversations. Under normal circumstances, patients wandering into each other's rooms would draw at least mild criticism from the nurses. But for Teacher Deng, they would never dare.

That evening, Director Yao also came by after work. After he and Teacher Deng finished eating, they came to our room and brought up Dr. Liu Yujie. The two of them had made a special trip to the hospital in Henan specifically to find her,

and had gotten herbal prescriptions along with the Six Fresh Herbs Decoction. Director Yao gave us Dr. Liu's contact information right then. We reached her the next day.

Since we couldn't do an in-person pulse diagnosis, the only method available was to take photos of Dongping's tongue coating and tongue root and send them to Dr. Liu for her to prescribe herbs based on tongue diagnosis. It wasn't the most accurate method, but for a long time — a year to a year and a half — Dr. Liu provided enormous psychological comfort. Beyond the herbal medicine, the Six Fresh Herbs Decoction had a certain reputation online, and it was appropriate for thrombocytopenia. Dr. Liu said that both Teacher Deng and Dongping had what TCM calls "heat in the five centers" — restlessness and warmth in the palms, soles, and chest. The formula contained fresh rehmannia root, fresh dandelion, fresh field thistle, fresh cogongrass rhizome, fresh lotus node, and fresh reed rhizome. I still don't fully understand what caused the heat — likely, the severe damage to her internal organs led to this sensation of body heat and warm palms.

During this period, a sister from church — she had cancer, though I can't recall the exact type — her husband came to ask me about the Six Fresh Herbs Decoction. He was a doctor at some hospital himself, also grasping at any possible treatment. I gave him Dr. Liu's information, and he bought a case or two. But his wife still passed away around 2020. Afterward, he gave me his remaining dozen-plus bottles.

There was also another patient with the same condition as my wife — Zhao Yi, I believe — who asked me about the decoction. I told her about it and put her directly in touch with Dr. Liu. Each bottle was about 250ml, with half a bottle

per dose. It tasted terrible. As I said, the medicinal effect wasn't significant, but the psychological comfort was considerable.

Eventually, I think Dr. Liu felt she wasn't making headway with Dongping's case. So she introduced us to a friend and senior colleague in Beijing: Dr. Wang Zemin.

Sister Zhang Li

Around 2020, various brothers and sisters from our church kept bringing us remedies and treatment suggestions. One sister deserves special mention: Zhang Li. In 2014, she had directed the short play "The Prodigal Son" at Yangwang Church's Christmas celebration, working alongside Director Zhan from the Qingdao Drama Troupe to lead several church members through rehearsals to a successful performance. At the time, she was herself a director at Qingdao Television. Later, she was diagnosed with lung cancer and left the station to focus on treatment, rehabilitation, and helping other patients support one another.

Over more than five years of illness, her spirit of fighting the disease and facing it with positivity inspired many. She passed away on the morning of August 6, 2021, leaving behind elderly parents and a son.

Because she was part of a cancer patient support group, they frequently exchanged experiences about cancer treatment and recovery. When Sister Zhang Li reconnected with us, she introduced us to a number of approaches: tea therapy, coffee enemas, Hippocrates soup, and organic nutritional supplements. The first was tea therapy using organic tea. The organic tea leaves were ground into powder, and the patient would drink the green tea powder to achieve a

detoxifying effect. The organic tea plantation was in Guangdong, and the owners were reportedly Christians. However, I later came to feel that this couple had priced their organic tea far too high and were essentially profiteering under the guise of cancer support.

The second method was coffee enemas. The coffee was a specific brand Sister Zhang Li recommended, and you just needed to buy the corresponding enema equipment. Dongping had suffered from constipation for years — at least five or six years before her illness — and had long relied on glycerin suppositories. This was, in fact, one of the great regrets between Dongping and me: our failure to take our own health seriously. She had suffered from cholecystitis since childhood and had been a hepatitis B carrier since she was young. Before we married, we both got vaccinated. Additionally, her spleen and stomach function were relatively weak — she ate little and had trouble with bowel movements. But she never treated this as a serious issue, and neither did I. We seemed too embarrassed to talk about such matters, and her constipation only worsened over time. The enemas gave her some relief and help — they had a certain effect. But they couldn't be done continuously, as they risked causing collapse.

Another measure was nutritional supplementation. Through Sister Zhang Li, Dongping also learned about drinking ginseng decoctions, including black ginseng — all from Tongrentang. She also bought many rounds of vitamin products, like the German PM Fitline supplements. Of course, these were all supplementary methods — essentially placebos.

Sister Zhang Li was very warm-hearted. Not only did she communicate by phone, but she also came to our home in person to talk and pray with us. Beyond the dietary advice, she also taught us from the church how to make Hippocrates soup. The ingredients include green onion, ginger, garlic, dark onion, light onion, potato, celery, carrot, tomato, leek or garlic scapes, and beetroot or beetroot powder — eleven items in total. The soup is fairly simple to make, though gathering the ingredients takes some effort. Leeks are seasonal and had to be ordered from other regions; when unavailable, I substituted garlic scapes. Beetroot was also ordered online, and since it had a short shelf life, I eventually switched to beetroot powder. Each batch used about 200 grams of each ingredient. After washing, I'd dice everything in a food processor, add water, and simmer for thirty to forty minutes. Then I'd blend it into a puree. One large pot would last about a week. The "soup" was actually a dark red paste, about 200 to 300 milliliters per serving, quite spicy. It could serve as both a meal and a colon cleanse — quite good, actually.

We started drinking this Hippocrates soup around October 2020 and continued through Sister Zhang Li's passing in 2021, on and off until the end of that year.

According to her mother, on the day Sister Zhang Li passed away in 2021, she woke up, took a bath, got dressed, lay down on her bed, and then peacefully returned to the Lord. It was, by all accounts, a very quiet departure. We are deeply grateful for that.

Dr. Han Wenjun

After that, on September 8, 2021, we also got in touch with a Korean-language interpreter Dongping had met during her

DTS course on Jeju Island — Sister Xianghua. A friend of this sister had gone to a Christian TCM clinic in Handan, Hebei. When she heard about Dongping's illness, she introduced us to the doctor in charge: Dr. Han Wenjun. His teacher was the elder Zhang Yongfang, who primarily focused on TCM treatment of tumors. Dr. Han became, aside from Dr. Liu Yujie, the other out-of-town TCM practitioner we were most familiar with during Dongping's treatment. Dr. Han was male; Dr. Liu was female. I communicated with Dr. Han quite a lot, and he helped me at several critical moments with Dongping.

During Dongping's illness, I had been wanting to learn the basics of TCM meridian theory and acupuncture. So in June 2020, I signed up for an online introductory course — two weeks, free, with daily lectures, practical exercises, and theory homework. I got through the basics but never dared to needle myself. After the course ended, I didn't continue with advanced study. More than two months passed. Then one day in September, I suddenly summoned the courage and stuck an acupuncture needle into myself — and that was it. I had learned to needle. After that, I practiced regularly at home on acupoints I could reach myself, sometimes with Dongping present. The truth is, I wanted to learn fast so I could use it on Dongping. But I had overlooked something: after she got sick, her hands and arms had been stuck with countless hospital needles. What she feared most was exactly that — needles. Although acupuncture needles don't hurt the way blood draw needles do, she still had a deep psychological fear.

When I was learning, I didn't want to needle myself — it was the same reason. Partly influenced by Dongping, partly because I'd never been needled before. But anyone who has

actually used acupuncture knows that acupuncture needles are far thinner than injection needles. And if you find the right acupoint, the insertion is essentially painless. Still, I never used acupuncture much on Dongping. She far preferred moxibustion.

In my contact with Dr. Han, he prescribed herbal formulas based on the tongue photos I sent him and my descriptions of her symptoms. He would prepare the decoctions and ship them to us. He also introduced another method: drinking royal jelly to rapidly supplement Dongping's qi and blood. He sent us royal jelly he had personally harvested. He also taught me to make "vinegar-egg liquid" for Dongping to drink. And he guided me, through acupuncture and massage, in giving Dongping simple treatments — including moxibustion and blood-letting — even drawing acupoint diagrams and taking photos to send me for reference.

On October 14, 2021, just after being discharged and at home, I gave Dongping an enema around 9 PM. She went to the bathroom. That time, the bowel movement was substantial. But on the toilet, Dongping suddenly felt dizzy, nearly losing consciousness, breaking out in a cold sweat. I hurriedly supported her to the sofa and immediately sent her symptoms to Dr. Han for emergency consultation — it was past 10 PM. He said this was what's called "qi collapse": when a person already has deficient qi and blood, straining too hard during a bowel movement can easily trigger it. He instructed me to brew jujubes with brown sugar for her and identified three acupoints — Hegu, Taichong, and Shenque — for moxibustion. I gave her red date powder dissolved in brown sugar water, applied moxibustion to those points, and later gave her royal jelly. Eventually, she stabilized.

So Dr. Han was a tremendous help to us in these treatment aspects — the equivalent of a doctor you could contact anytime, like a friend. He had no airs about him. Phone calls were always smooth. We were very thankful for a doctor like him — someone who stayed in touch with me at all times and could offer both emotional and therapeutic guidance.

Dr. Wang Zemin

To sum it up in one sentence: our treatment at Qilu Hospital was Western medicine. As I mentioned before, all treatment plans were presented as options by the doctors, with the final decision left to the patient and family. But on the other hand, I felt that the hospital never provided genuinely patient-optimized solutions. I can't really blame them. I've already explained why — the responsibility for such treatment decisions was more than any attending physician could bear. For us, this was something we only gradually came to understand. It's the truth about treating serious illness, and it's the reality. That's why we sought out so many TCM practitioners for supplementary treatment. Though, looking at the results, they weren't effective — yet the process itself brought us great comfort. This comfort wasn't empty platitudes like "Oh, you'll get better soon" or "Don't worry, don't be anxious." Genuine, effective communication is ten or a hundred times stronger than hollow reassurances. The phone numbers of all these doctors are still in my contacts. When I needed them, I would call. The smoothest to reach were always Dr. Liu Yujie and Dr. Han Wenjun. Dr. Wang Zemin, by contrast, was harder to communicate with — perhaps because he's a prominent figure, or because he's from Beijing and always carried a certain arrogance. Or maybe it was my own lack of skill in dealing with people.

Two occasions stand out in my memory. One was when Dongping was in the ER with a fever of 39 degrees. For blood disease patients, as the condition worsens and immunity drops, fever is fairly common. We tried the usual fever reducers, but they barely helped. Normally we used Xinhuang tablets for fever reduction — that was Dr. Liu Yujie's earlier recommendation. The hospital, wanting to bring down temperatures as fast as possible for severe patients, often used indomethacin, which works extremely fast. I was frantic. Since the Western medicine approach is simply to push the temperature down with drugs, I was worried about side effects. Around 9 PM, I called Dr. Wang Zemin to ask what to do. He replied, "If you really have no other option, buy Tongrentang's Angong Niu Huang Wan." I was in the ER — I couldn't go out and buy it — so I ordered it via delivery. Sure enough, it was horribly expensive: 860 yuan for a box containing a single 3-gram pale yellow pill. I gave Dongping half, and it brought her fever down very quickly indeed. The other half we used during another similar episode later, at home. I gave it to her, and it brought the fever down fast. The medicine was remarkably effective — and remarkably expensive. I think we bought it twice in total.

The last time I contacted Dr. Wang Zemin, about a month or two later, we were again facing similar symptoms — fever, dizziness. The herbal medicine wasn't helping much. Very reluctantly, I called Dr. Wang again. He never picked up. He never called back.

Dr. Li Yunwen

There is one more TCM practitioner I must mention: the elderly Dr. Li Yunwen at the Li Jimin TCM Clinic at 13 Xingyuan Road in Qingdao's Shibei District. When we went

to see him in 2020, he was already in his eighties. Li Jimin was his son. The clinic occupied a ground-floor commercial unit in a residential building — modest frontage, south-facing. Inside, it was essentially a small two-room apartment. The first room, originally a "south bedroom" of about ten-plus square meters, served as the consultation room. Against the west wall were two 1980s-style wooden writing desks, face-to-face — one of them occupied by Li Jimin. On the desk lay a stack of photocopied flyers, roughly A5 size, handwritten by Li Jimin himself: a screed proclaiming his own medical brilliance while denouncing the misdeeds of his father, the elder Dr. Li. He handed one to everyone who walked in, urging those who had come to see his father to see him instead. It was beyond bizarre. The east side of the room held a treatment bed with a few small chairs along the wall. The three walls were covered with silk gratitude banners. Further inside, the room at the back — originally the kitchen — was actually where the elder Dr. Li sat to take pulses, and where patients sorted their medicine after paying. Behind the north wall of the "south bedroom" were, in order, a bathroom and a storage room for herbs — the so-called "north bedroom" — seven or eight square meters, filled with wooden apothecary drawers of the kind you see in traditional Chinese pharmacies, packed with every imaginable powdered herb. The floor was covered with unprocessed medicinal materials.

Apparently, Li Jimin had long resented his father. He had opened his own clinic, but almost no one came to see him — every patient came for his father's reputation. The elder Dr. Li began consultations at 7 AM and finished by 8 AM. Patients typically started lining up outside the clinic at 5 or 6 AM. Dozens came every day. After 8 AM, the elder Dr. Li

would rapidly finish seeing patients — never past 8:30. Moreover, after 8 AM, any fees paid by patients who still wanted to see the elder Dr. Li went entirely to Li Jimin. I suspect the father and son had some kind of agreement.

Through Dongping's younger sister's connections and given the severity of the illness, the elder Dr. Li announced publicly that Dongping didn't need to queue. Bear in mind, his medicine wasn't the usual herbal decoction — it was powdered herbs. After taking the pulse, he would prescribe, collect payment, and dispense the medicine on the spot. Each time, a week's supply cost around 800 to over 1,000 yuan. So every visit, we would strategize about how to catch the elder Dr. Li's eye amid the crowd so he'd call us over for a pulse reading — because there were so many patients that we truly felt awkward cutting the line. Truth be told, the other patients watched like hawks, terrified of being skipped. But we understood: the elder Dr. Li was not at all confused. He knew Dongping's condition was already critically severe — the kind that couldn't afford delays in medication. That's why he specially allowed us to jump the queue. I remain grateful, and I wish him health and longevity.

The hospital prescribed an enormous quantity of drugs. For severe aplastic anemia and thrombocytopenia, we tried almost every available medication — right up until treatment ended. Hardly any of them produced the expected effects. Much of the so-called treatment was reactive — addressing symptoms as they appeared. Proactive treatment yielded no positive results whatsoever. Instead, drug-induced side effects like elevated transaminase levels and liver damage frequently emerged. That's why, in the early treatment period — the second half of 2019 and early 2020 — Dongping had to go to the TCM hepatology department for

dedicated liver treatment. All of it was the consequence of medication overload. The medicines prescribed by the doctors mentioned above accounted for a large proportion of our out-of-hospital medications. At the same time, I searched extensively and found many other remedies — Hao Qijun's platelet-elevating capsules, Likejun tablets, and so on. We took them with full confidence, but they didn't work. Not to mention remedies like Tongrentang's peanut skin for raising platelets.

Conservative Treatment and Further Decline

From the very beginning of her illness in 2019, Dongping chose conservative treatment — maintaining vital signs through transfusions and injections, without pursuing a cure. It was a rational choice made within a hopeless situation. In the later stages, hospitalization accounted for 80% of her life. A short stay meant one transfusion of blood or platelets before discharge; a long stay could last over ten days. In 2019, the longest admission stretched over forty days. The final hospitalization in 2022 also lasted nearly forty days.

We tried every kind of medication — platelet boosters, hormone therapy, you name it. As I mentioned, in 2019, she once took massive doses of dexamethasone tablets or prednisone acetate — dozens of pills over several consecutive days — hoping to stimulate her bone marrow. It didn't work.

In June 2021, I could visibly tell her body was changing. Before that, even though she was weak, her muscles still had some fullness. After that particular discharge, her thighs and arms were noticeably slack. Then the constipation

worsened, progressing to intestinal obstruction. From 2022 onward, she frequently suffered from abdominal pain requiring Dolantin injections for relief. Sometimes one shot wasn't enough; she needed a second. Dolantin is a strictly controlled substance, requiring the department director's signature for every dose. Every injection, every caregiver request, every signature — it was all an ordeal.

Later admissions reached the point of near-constant hospitalization with only intermittent discharge. Platelets could sustain her for mere days. Her gums frequently bled. Red blood cells could be transfused in, but white blood cells could not — leaving her with essentially no immune function. The greatest danger was infection. The final stretch of 2022 was the hardest. Her last admission was November 11 — an especially cold day. I stayed with her for five days before rotating in the caregiver. She passed away on December 15. Ultimately, Dongping died of a systemic infection. With her white blood cell count critically low, her body had no capacity to resist any bacterial invasion. The pathogens entered her bloodstream through her intestines and eventually reached her brain. Her white blood cell count had fallen to 0.3 — nearly zero immune function. Even though we used the strongest antibiotics in the final two days — at a cost exceeding 4,000 yuan per day — we could not stop the infection's advance. About a week before she passed, she sent me a photo: a subcutaneous red rash had begun spreading at the crook of her right elbow. Within two or three days, it had expanded across her entire right upper arm, which also swelled dramatically. In the last month, Dongping required massive daily fluid infusions — both arms simultaneously, from early morning when the nurses

began their rounds until nearly midnight. She could barely check her phone or reply to messages.

After hiring the caregiver, I cooked at home every morning and evening, delivering meals twice a day. Breakfast was usually steamed egg custard and congee. For dinner, I'd prepare stir-fried dishes — a rotation of everyday ingredients. Dongping said she wanted to train me to cook — the subtext being that when she was no longer by my side, I'd be able to cook for myself. In truth, from the second half of 2022, Dongping was physically extremely weak, but she couldn't survive on IV nutrition alone. So I scolded her a few times, telling her she had to eat — had to eat vegetables. She obeyed. Almost every day, she finished everything I made. That, too, was a comfort to me.

On a related note — Dongping was always thinking of others. Just like "training" me to cook, or the apartment in Shazikou: she had originally said to sell it and asked her older sister to help find an agent. But later, she put the sale on hold. Looking back now, I believe she was saving it for me to live in.

Around December 13, the doctor felt her condition was deteriorating. She told Dongping's older sister and younger sister to come to the hospital to see her. At that time, pandemic controls were still strict — entering the 17th floor was nearly impossible. I had to pull strings to get them inside for a brief visit. Her older sister told Dongping she wanted to take over the caregiving shift, but Dongping refused. Before they could say much more, the head nurse yelled at them and threw them out.

December 14. After work, I planned the evening meal as usual. Earlier that afternoon, I asked Dongping: would you

like a change — maybe some tomato and egg noodles? She agreed. So after work, I quickly made a bowl of tomato and egg noodles using fine Japanese noodles I had bought at Hisense Plaza. I delivered it to the ward around 6:30 PM. After 7:30, I asked the caregiver if she had eaten. The caregiver said not yet. Later, after 9 PM, she told me Dongping had eaten and her fever had subsided. Then she slept — straight through — until the next time I saw her.

I remember when I was in university and used to visit Dongping at her home, the first meal she ever cooked for me was tomato and egg noodles. I never imagined that I would cook the same dish for her — as her last meal.

Critical Condition

Around 2:30 AM, Dr. Wang Juan called me. She said Dongping had been unconscious and unresponsive — the bacteria had likely spread throughout her bloodstream and ultimately invaded her central nervous system. I threw on my clothes and rushed to the hospital. By the time I reached the ward, it was nearly 3 AM. On the way, I notified Dongping's older sister, Zhang Chunhong, and her younger sister, Zhang Ruwei. They came too. In the ward, we saw Dongping again. She had been in Bed 13 by the window all that month. A vital signs monitor stood between the bed head and the bed itself, displaying her heart rate and respiratory rate in real time, taking blood pressure at intervals. By then, Dongping was no longer conscious enough to speak. She made no response to the doctors' or our questions. The doctor told us that around midnight, her pupils had begun to dilate. They had organized emergency resuscitation — hormone injections and other measures — but there was no response. It was time to notify the family. Since Hu Shuang wasn't there, I had brought recording

equipment and set it on the windowsill to record what followed. Dongping's older sister and younger sister stood by the bed. Zhang Ruwei was praying. I leaned close to Dongping's ear and softly called her name, pressing my face to hers. Xiao Zhu, who had been caring for Dongping, had never witnessed anything like this. She was so nervous she retreated to the hallway.

The ER doctor came up. He examined Dongping, then stepped into the corridor and motioned for me to follow. In a very low voice, he told me that under these circumstances, even if we transferred her to the emergency room for resuscitation, she would be covered in life-support tubes — and it would be almost entirely futile, because an infection of this kind had already spread through her entire body and could not be eliminated by such measures. But if the family insisted, they would cooperate. He asked whether I consented to resuscitation. I said no — because this was something Dongping herself had said, sometimes explicitly and sometimes in passing, when she was still lucid. There was no need.

Passing Away

At 4:17 AM, Nurse Xun Xiaoli informed the attending doctor that Dongping had completely lost all vital signs. Just like that, Dongping quietly completed the final leg of her life's journey. On the question of resuscitation, we have no regrets — it was a decision we reached together after much careful thought. Faced with a disease that had no solution, we chose the path of less suffering.

The reason we ultimately chose conservative treatment was Dongping's own decision, made with full clarity of mind while she was still lucid. It was not a rash choice, nor a

simple financial abandonment. It was a rational decision made after weighing her own experience and our family's situation. Dongping had mentioned it before — and I already knew. Her mother — my mother-in-law — was diagnosed with late-stage breast cancer in 2000. After a unilateral mastectomy, she endured chemotherapy and radiation — an agonizing process. Chemotherapy left her body wrecked, accompanied by intense pain. In the end, she chose to leave home. She went to an abandoned house on the outskirts of the city, some distance away. When local people found her, she no longer had vital signs. Dongping and her family did not approve of that method, but in the face of suffering, they chose understanding.

Through our years of hospital experience, Dongping and I had also witnessed that treatment model firsthand: the body covered in tubes, astronomical daily costs, yet no real hope of survival. She didn't want to repeat that ending. She told me: no bone marrow transplant, and no end-of-life resuscitation. She felt that those seemingly aggressive treatments were often a deeper form of torture.

Beyond the physical pain, there were also financial considerations within the Chinese healthcare system we were in. Bone marrow transplants are largely uninsured, and the cost is enormous. Even if we had poured out everything we owned, there was no guarantee of success. And she didn't want her family to be left with debt and psychological burdens for such an outcome.

Final Moments on Earth

The Morgue

After Dongping's death was confirmed, the nurse notified the morgue staff downstairs. They brought up a gurney — to the 17th floor, into our room. Two male staff came up via an elevator behind the nurse station. A side note: this elevator was very discreet, and few patients knew about it. But Dongping was clever — she had discovered this secret route home. Once or twice, when we wanted to sneak home at night during a hospital stay, and the main 17th-floor elevator bank was closed, we found this elevator. Normally it was used by janitorial staff and other non-medical personnel. We would take it down, walk straight out the first floor, and go home. Early the next morning, we'd slip back up the same way.

We followed Dongping's gurney down to the morgue. It must have been past 5 AM by then. We waited. Quietly, I slipped the morgue staff a 100-yuan note — a small gesture of thanks. Around 6:30, I called another brother from church, Wang Zheng, to ask how to handle the subsequent procedures. I asked him because a few years earlier, a sailing coach in our church had died of liver cancer, and Wang Zheng had handled the paperwork for him. He told me to dial 96444, and the operator would explain everything in detail.

I called. The operator carefully noted which hospital we were at and asked what kind of hearse we wanted — what class of vehicle, what style of coffin, and so on. Because the Qingdao Civil Affairs Bureau offers benefits to citizens, a standard hearse was free. I chose a Mercedes for Dongping. For the coffin, I selected the design made specifically for

Christians — the exterior was white, with a red cross on the lid. Before the hearse arrived, Zhang Yongxiu and I dressed Dongping. Because her right arm was swollen and bloodstained and couldn't be changed, I used the clothes I had brought from home. The top, pants, jacket, and socks were all clean. I also added a silk scarf and her favorite hat. The pants were a striped pattern alternating dark blue, black, and subtle red. Her jacket and hat were her favorite dark red — almost as if symbolizing the red blood cells she had always lacked, yet also a festive color. Right after Dongping and I first started dating, we took our first photograph together on a pavilion at Zhanqiao Pier. That day, Dongping was wearing a red jacket almost exactly like this one.

There was a small patch of gauze on Dongping's left wrist — the injection site from the emergency hormones. By now, it had stopped bleeding. I removed the gauze and, together with some strands of hair that had fallen out while I combed her hair, I kept them — to give to Hu Shuang.

Keeping Vigil at the Funeral Home

The Qingdao Funeral Home's hearse arrived to transport Dongping's coffin around 8:30 AM. I went to the funeral home's business hall with Dongping's older sister, younger sister, my younger brother Hu Bo, and my sister-in-law Zhang Yongxiu to handle the paperwork. Because it was during the pandemic, the number of cremations and people handling procedures that day was enormous — nearly ten times the usual. I didn't place Dongping's body in the standard cold storage. Instead, with the help of the staff, I chose a memorial hall — a place to keep vigil over Dongping for three days.

The memorial hall cost 2,500 yuan per day. It was located on the first floor of the funeral home, among a dozen farewell halls, right next to the flower shop — a nearly 30-square-meter room decorated in Buddhist style. After the flower shop entrance, you turned right and walked down a ten-meter corridor to the hall. The room was finely finished: wooden furniture and door frames, marble floors. Stepping inside...

The Farewell Ceremony

The farewell ceremony was held on December 17, 2022. Because of the pandemic, in-person attendance was extremely limited. Only immediate family were allowed — and even then, just briefly. The funeral home's farewell halls were running at full capacity, one ceremony after another. Our time was short. The pastor from Yangwang Church came — he delivered a brief eulogy and prayed. We sang a hymn. Dongping's sister and I said our final words to her. Then the coffin was wheeled away. That was it. The cremation queue that day stretched past 200 numbers. The incinerators couldn't keep up.

A few days later, I collected her ashes. I placed them in an urn I had chosen — simple, elegant, the way she would have wanted. I haven't decided where her final resting place will be. For now, she is with me.

Psychological Care During Hospitalization

Throughout the four-year hospitalization, we encountered many forms of psychological and spiritual support. Some came from church brothers and sisters; some came from the medical staff; and some, we found ourselves. I want to

record these because they were as essential to our survival as any medication.

Is There a "More Excellent Way"?

In 1 Corinthians 12:31, Paul writes: "And yet I will show you the most excellent way." This verse haunted me throughout Dongping's illness. What was the "more excellent way" when facing a disease that medical science could not cure? Was it more aggressive treatment? More fervent prayer? More faith? Or was it something else entirely?

During the pandemic, our church — like all churches in China — faced severe restrictions. Gatherings were banned. Online services became the norm. But Dongping could barely participate even online. She was too weak to stare at a screen, too tired to follow a sermon. She would listen to hymns on her phone, sometimes mouthing the words when she had the strength. We prayed together in the ward, but our prayers felt increasingly hollow. Not because we doubted God — but because we were exhausted. Spiritual exhaustion is a peculiar kind of emptiness. You still believe, but you have no energy to express it.

One night, after a particularly bad day — her platelets had dropped again, and the transfusion had been delayed — Dongping asked me: "Do you think God is punishing us?" I didn't have an answer. I still don't. The Book of Job offers no neat explanation for suffering. Job's friends tried to offer explanations, and God rebuked them for it. Maybe the "more excellent way" is not explanation at all. Maybe it is simply presence — being there, staying there, refusing to leave.

"The More Excellent Way" in Every Moment

I began to understand, slowly, that the "more excellent way" Paul spoke of — love — was not a grand gesture reserved for special moments. It was in the daily, hourly, minute-by-minute acts of care that constituted our life together during those four years. It was in the way I learned to wash her hair without pulling. In the way she would squeeze my hand when words failed. In the way the nurses who had known us for years would linger an extra minute in our room. In the way church members sent messages that simply said, "We are thinking of you."

Love, I realized, is not a feeling. It is a practice. It is the choice, made over and over again, to remain present with someone in their suffering — not to fix it, not to explain it, but simply to share it. This was the lesson Dongping taught me. She never gave a sermon about it. She lived it.

There were moments of grace even in the worst times. I remember one afternoon when Dongping was feeling slightly better — well enough to sit up in bed. The winter sun was streaming through the window. She asked me to read to her from the Psalms. I read Psalm 23: "Even though I walk through the darkest valley, I will fear no evil, for you are with me." She closed her eyes and smiled. "We're walking it," she said. "But we're not alone."

That was Dongping's faith. Not a faith that demanded healing. Not a faith that bargained with God. A faith that simply trusted that whatever valley she walked through, she did not walk it alone. And neither did I.

Spiritual Confidante: Sister Zhou Yang

Among all the brothers and sisters in the church, one person stayed consistently, intimately close to Dongping throughout her illness: Sister Zhou Yang. She and Dongping shared a spiritual bond that went deeper than ordinary friendship. They could talk for hours about scripture, about prayer, about the struggles of living a life of faith in a society that was, at best, indifferent and, at worst, hostile to their beliefs.

Sister Zhou Yang visited Dongping regularly — whenever the pandemic restrictions allowed. She would sit by Dongping's bedside, hold her hand, and pray. Not the formal, polished prayers of Sunday service, but raw, tearful, desperate prayers that came from a place of shared anguish and shared hope. Dongping told me once that talking to Zhou Yang was like "talking to the part of myself that still believes completely." I understood what she meant. Zhou Yang's faith was not naive — she knew as well as anyone the medical reality of Dongping's condition. But she also held fast to the conviction that God was present in that reality, even when invisible.

After Dongping passed away, Zhou Yang continued to stay in touch with me. She helped me through the darkest months of grief. She reminded me that Dongping's story was not over — that it continued in the lives of everyone she had touched, including mine. I am forever grateful for her.

A Look Back at Dongping's Career

Dongping's career spanned several chapters, each one reflecting the changing landscape of China's economy from the 1980s through the 2010s. She was not a careerist in the

conventional sense, but she took her work seriously and poured herself into whatever role she held.

Donghai Department Store

Dongping's first job after graduation was at Donghai Department Store — one of Qingdao's earliest modern retail establishments, located in the bustling Shinan District. She worked on the sales floor, eventually moving into a purchasing role. It was the late 1980s and early 1990s, a time when China's consumer economy was just beginning to stir. Donghai Department Store was, for a while, one of the places to shop in Qingdao. Dongping enjoyed the work — she was good with people, had an eye for products, and earned the trust of her supervisors.

But the retail industry was volatile. Donghai went through ownership changes, restructuring, and eventually declined. By the mid-1990s, Dongping had moved on.

The Motor Factory

Her next position was at a motor factory — a state-owned enterprise typical of that era. The work was entirely different from retail: industrial, bureaucratic, male-dominated. Dongping handled administrative and clerical tasks. It wasn't a job she loved, but it was stable — the "iron rice bowl" that her parents' generation had valued above all else. She made friends there, learned to navigate office politics, and earned a steady paycheck. But the state-owned sector was beginning its long, slow decline, and the writing was on the wall.

Machinery Bureau: Hard Work

Dongping's longest professional chapter was at the Qingdao Machinery Bureau — a government agency overseeing the

city's manufacturing sector. She started there in the late 1990s, initially in a junior administrative role. Over the years, through sheer diligence and competence, she rose to more senior positions. She managed personnel records, coordinated interdepartmental projects, and became the person colleagues turned to when things needed to get done properly.

In many ways, Dongping was ideally suited to this environment. She was organized, reliable, and politically savvy without being manipulative. She understood the unwritten rules of a Chinese government workplace: respect hierarchy, avoid open conflict, build alliances quietly, and always deliver results. Her supervisors appreciated her. Her colleagues trusted her.

But the work was relentless. The Machinery Bureau was under constant pressure from above — economic targets to meet, reports to file, inspections to pass. Dongping often worked late into the evening. The boundaries between work and life blurred, as they tend to do in Chinese government institutions. This would eventually take a toll.

Machinery Bureau: Exhaustion

By the mid-2000s, the pace had become unsustainable. Dongping was exhausted — physically, mentally, emotionally. The Machinery Bureau had been restructured multiple times, each round bringing new demands and fewer resources. She began experiencing health problems: chronic fatigue, digestive issues, frequent colds. At the time, we attributed it to stress and overwork — which it was — but in retrospect, these may have been early warning signs of the deeper illness to come.

Chinese workplace culture does not make space for burnout. There is no term for it that isn't laced with judgment — "not tough enough," "can't handle pressure." Dongping internalized this. She pushed through, year after year, because that was what everyone did. That was what was expected.

Machinery Bureau: Sick Leave and Early Retirement

In 2012, Dongping's health had deteriorated to the point where continuing to work was impossible. She took medical leave, and eventually negotiated an early retirement — in Chinese bureaucratic parlance, "neitui," internal retirement. She was only in her early forties. Leaving the workforce at that age was a profound psychological blow. Her career had been a central part of her identity. Without it, she felt adrift.

The early retirement also meant a significant reduction in income, at a time when Hu Shuang was preparing to study abroad. We made it work, but it added financial strain to an already stressful period. Dongping tried to fill the void with various activities — she became more involved in church, she took online courses, she read voraciously. But the loss of professional identity lingered.

Physical and Mental Recovery

After leaving the Machinery Bureau, Dongping went through a period of adjustment — what we might now call recovery. She slept more. She took long walks along the Qingdao coastline. She rediscovered her love of reading. She spent more time in prayer and Bible study. Slowly, the acute exhaustion began to lift. Her body, however, never fully recovered its former resilience.

During this period, Dongping also began to confront some of the psychological patterns that had contributed to her burnout: perfectionism, a reluctance to say no, an excessive sense of responsibility. She worked with a counselor for a time — an unusual step for someone of her generation and background, where mental health was rarely discussed openly. It was a brave choice, and it helped her.

This time of recalibration was, in hindsight, a gift. It gave us two or three years of relative peace before the illness struck. We traveled a little. We spent more time together as a couple than we had in decades. We talked — really talked — about things we had been too busy to discuss before. I will always be grateful for those years.

The Psychological Counselor

The counselor Dongping saw was a Christian therapist recommended by someone at church. Her name was Teacher Wang. She practiced in a small office near the ocean — Dongping said the sound of the waves made the sessions feel less clinical. They met weekly for about a year.

Teacher Wang helped Dongping understand the connection between her physical symptoms and her emotional state — not in a simplistic, "positive thinking cures everything" way, but with genuine psychological depth. She introduced Dongping to concepts like boundaries, self-compassion, and the difference between healthy responsibility and toxic over-functioning. Dongping found these ideas both liberating and challenging. She had been raised to equate self-sacrifice with virtue. Learning that caring for herself was not selfish — that it was, in fact, a prerequisite for genuinely caring for others — was transformative.

I sometimes wonder whether, if Dongping had met Teacher Wang earlier in her life, her physical health trajectory might have been different. But these are unanswerable questions. What I do know is that the year she spent in therapy made her more peaceful, more self-aware, and better equipped to face what was coming. For that, I am grateful.

Where the "Evil Spirit" in People Resides

Dongping's experience with therapy, combined with her deepening faith, led her to reflect deeply on the nature of human brokenness. Where, she would ask, does the "evil spirit" in a person reside? She didn't mean this in a supernatural, demonic sense — though she believed in spiritual forces. She meant it as a psychological and theological question: what is the source of the destructive patterns we see in ourselves and others?

Through her reading and reflection, she arrived at a nuanced view. She believed that the human heart is capable of both immense good and profound self-deception. The evil spirit, she came to think, resides not in some external demon but in the unexamined corners of our own motivations — the pride that masquerades as righteousness, the fear that disguises itself as prudence, the selfishness that rationalizes itself as self-protection.

This was not a comfortable realization. It meant that the line between good and evil ran not between "us" and "them," but through the center of every human heart — including her own. It made her more compassionate toward others and more rigorous with herself. She would often quote Jeremiah 17:9: "The heart is deceitful above all things and beyond cure. Who can understand it?" Her answer, always, was: only God.

And so she prayed, daily, for the clarity to see her own heart honestly.

Our Rental Experiences

Over the course of Dongping's illness and the pandemic, we moved several times. Each move was driven by necessity — closer to the hospital, more accessible for someone with limited mobility, more affordable as medical costs mounted. Our first apartment, Tiantai Huayuan, was where we lived when Dongping was first diagnosed. It had a shower room — important for her bathing needs. Later, we moved to Yihai Huayuan, and then to Chunguang Shanse, closer to Qilu Hospital.

Each apartment held its own memories. Tiantai Huayuan was where we first grappled with the reality of her diagnosis. Yihai Huayuan was where we hosted small church gatherings when she still had the strength. Chunguang Shanse was where we spent the hardest months — the final months. That apartment was small, but it was a five-minute drive from the hospital. When every minute counted, proximity mattered.

Renting in China is always somewhat precarious — landlords can decide not to renew, prices can spike, the quality varies wildly. We were fortunate. Each landlord we had was understanding of our situation, and we never faced eviction or unreasonable rent increases. In a system that offers little protection to renters, this felt like grace.

Our Journey of Faith Together

Dongping and I came to faith at different times and through different paths, but our spiritual journeys converged and deepened together over the years of our marriage. I was baptized first. Dongping followed later, after a period of searching and resistance. Once she committed, however, her faith burned with an intensity that often put mine to shame. She was not content with surface-level belief. She wanted to understand, to experience, to be transformed.

Dongping's Devotional Studies and Ministry

In her early retirement years, Dongping threw herself into spiritual formation. She enrolled in a Discipleship Training School (DTS) program through YWAM, which included a several-month stint on Jeju Island in South Korea. It was there that she experienced some of the deepest spiritual growth of her life. The multicultural environment, the intensive Bible study, the daily discipline of prayer and worship — all of it expanded her understanding of what faith could be.

After returning from Jeju, Dongping became involved in local mission work. She helped organize outreach events, mentored younger women in the church, and opened our home for Bible studies. Her faith became less about personal comfort and more about service. She found a sense of purpose that her career had never fully provided.

Expulsion from the Communist Party

One of the most significant — and costly — steps in Dongping's faith journey was her decision to leave the Chinese Communist Party. She had joined the Party early in her career, as was expected of anyone in a government position with ambitions of advancement. For years, her

Party membership coexisted uneasily with her growing Christian faith. The Party demanded allegiance to atheistic materialism; her faith demanded allegiance to Christ. The two were ultimately irreconcilable.

Her decision to formally leave — or rather, to stop participating and allow herself to be removed from the rolls — came at a price. It affected her standing at work. It strained relationships with colleagues who saw it as a political statement. It marked her, in the eyes of the system, as someone who could not be fully trusted. Dongping knew all of this and made the choice anyway. She said the freedom she felt afterward — the freedom to belong wholly to Christ without a competing loyalty — was worth everything it cost.

Committing to Our First Church

Our first real church home was a small house church in Qingdao — the kind that met in a member's living room, with folding chairs and a portable keyboard. There were perhaps thirty people on a good Sunday. The pastor was a former engineer who had left his state job to pursue ministry full-time — a decision that, in China, meant operating in a legal gray zone and accepting constant risk. Dongping and I were drawn to the authenticity of this community. No one was there out of social obligation. Everyone was there because they genuinely wanted to be.

We served in various capacities over the years — teaching, hospitality, pastoral care. Dongping had a gift for making newcomers feel welcome. She would remember their names, their stories, their prayer requests, and follow up with them during the week. She became, in effect, an unofficial pastor to many in the congregation.

The church went through its own challenges — leadership changes, theological disagreements, the ever-present pressure from authorities. But it gave us a spiritual foundation that sustained us through everything that followed.

Joining Yangwang Church

In 2013, we transitioned to a larger church community: Yangwang Church ("Looking Up" Church). Yangwang was more structured than our first church, with multiple small groups, a dedicated worship team, and a clearer organizational framework. It was here that Dongping's gifts for ministry truly flourished.

Active Integration

Dongping and I threw ourselves into the life of Yangwang Church. We joined a small group that met weekly for Bible study and fellowship. Dongping volunteered for the hospitality team — arranging chairs, preparing communion, greeting newcomers. She had a natural warmth that put people at ease, and she genuinely enjoyed serving in these practical ways. I took on teaching responsibilities, occasionally giving messages during Sunday services.

The small group became our second family. We shared meals together, prayed for one another's struggles, celebrated birthdays and holidays. When Dongping got sick, it was this group that rallied around us first — bringing meals to the hospital, covering our shifts, sitting with Dongping so I could rest. The bonds forged in those weekly meetings proved stronger than we could have imagined.

Church Planting

In 2018, with Dongping's encouragement, we took a step that felt both exciting and terrifying: we helped plant a new church. On July 8, 2018, with the support of a missionary named Bruce and the blessing of Pastor Lin and his wife, I took the lead in establishing the Tree of Life congregation. We rented a space in the Ocean View Garden complex where we were living at the time. Pastor Lin and his wife came to dedicate the new congregation. In the beginning, besides occasionally inviting other pastors to preach, I prepared most of the messages and led the sharing — a season of rapid growth for me. The Bible, which I had not managed to finish reading in over ten years as a believer, I had now read through two or three times.

After a year of worship and learning, Dongping's and my faith and strength were gradually increasing. To accommodate growing numbers, we rented a larger apartment nearby at Haiyue Center and moved there in August of the same year. Haiyue Center became the new gathering place for the Tree of Life congregation: Sunday morning worship, Thursday evening Bible study.

There were challenges. Brothers and sisters from other churches would come to worship with us, but often found our theological grounding too shallow and our understanding of the faith not deep enough for their liking. People drifted in and out. The Thursday evening gatherings were particularly difficult — people coming straight from work, stuck in traffic, hungry, trying to study the Bible. Gradually, fewer and fewer came, until one Thursday, no one showed up. Dongping and I came close to the edge of collapse. Looking back now, I can accept it all with peace.

I believe that "making disciples and building a church like a family" and "every household itself being a small church" are two different stages on the journey of faith. The latter is the ultimate vision; the former is the guide along the way. Disciples are needed to gradually bring the latter concept to life in their own homes.

Care from Our Church Family

Though Dongping could no longer attend services, the brothers and sisters of the Promised Land congregation never stopped thinking of her. On our birthdays, they would write messages of blessing on cards, prepare gifts, and send them home with me after the service. One sister, Wang Yanli, would from time to time bake a loaf of bread or a pastry at home and pass it to me after the gathering for Dongping. Her bread was famous in the church as "green and eco-friendly food" — made with meticulously sourced ingredients, no additives, exquisite craftsmanship. I heard she recently opened a small shop and is selling officially now.

Beyond these gifts, the words of comfort and prayers from the congregation continually soothed our hearts. In 2021, Sister Wang Yanli's daughter drew a painting by hand, writing her name and a blessing for Dongping. Those tender, childlike brushstrokes brought us enormous comfort.

Every time I came home from a service, I would recount everything to Dongping in detail — the content, the atmosphere, the people. She would place herself there, as if she were still sitting among the congregation. When she was hospitalized, sharing these things in the ward was harder — I didn't want to disturb other patients. So after the service ended, on the drive to the hospital, I would send her voice messages, one segment at a time, so she could listen. Later, I

simply recorded a single audio file, labeled with the theme, date, and time, and sent it to her to listen to whenever she had a moment.

In the second half of 2022, Dongping needed far more IV fluids — antibiotics, tests — and her hospital stays grew longer. With needles often in her arms, she couldn't always check messages or listen to recordings promptly. But she always made time to finish them. This was her most vital connection to the Promised Land congregation — to the church. When I wasn't on caregiving duty, I would walk around the hospital grounds, listening to teachings from other religious traditions. Whenever something struck me, I would call Dongping or send her a voice message. Once, I listened to a Buddhist koan shared by the late teacher Ye Man, and I called Dongping to discuss it. I told her: a person's physical lifespan is one thing — it's determined by heaven according to each person's constitution. But to those who share their path, what matters most is the "lifespan of the soul." When a person, under God's guidance, lives out beauty — single-mindedly pursuing God — the lifespan of their soul continues on and on. Dongping said: "Yes."

Besides all this, as I mentioned earlier, Dongping stayed in close touch with Sister Zhou Yang — her spiritual confidante. Her contact with other church members was relatively limited. She was strong-willed and didn't want others to see how sick she was. But she always told me she kept every expression of care from the congregation in her heart.

Later, the sisters in my Promised Land congregation also informed the Yangwang Church pastors about our situation. Because of the five years Dongping and I had served in the church, the church took special care of us. In early 2019,

when we had just started trying eltrombopag — an imported drug specifically designed to stimulate the bone marrow to produce platelets, costing 5,968 yuan per box of fourteen tablets — and the church learned we needed nearly 12,000 yuan per month for this medication alone, they quietly organized a church-wide donation. The funds, delivered to me by Sister Zheng Jianwei, amounted to over 100,000 yuan — lifting a desperate burden from our shoulders. We are deeply, deeply grateful.

Liu Zhenhan and Li Zhen

Brother Liu Zhenhan's situation was somewhat unusual, and I can only briefly mention the help he and his wife gave to Dongping and me. After graduating from university, he went to Seoul, South Korea, where he and his wife spread the gospel, mainly among Chinese students who had come to Korea to study. They taught Korean for free as a way to gather students for fellowship and evangelism. In his daily life, he supported himself by interpreting for Korean pastors and doing part-time work. Because Brother Liu stayed with Dongping and me when he visited China, we built a lasting friendship.

We first met on December 21, 2017. After the Tree of Life congregation was planted, Brother Liu brought a Korean pastor to guest-preach on July 4, 2018.

Sister Li Zhen also lived in Seoul with her husband. I believe Dongping met her during her studies on Jeju Island. Li Zhen was also a Korean interpreter, and according to Dongping, she had an extraordinary gift for prayer. I think Dongping was especially drawn to sisters with a gift for prayer — like Sister Zhou Yang. I can't quite remember, but I think Dongping traveled to Seoul alone in 2018 and stayed a night

at Li Zhen's home. The two of them talked late into the night — clearly a natural, easy connection. After the Tree of Life congregation was planted, Sister Li Zhen and her husband came and prayed over every member. After the Promised Land congregation was planted, they came to attend a service.

After Dongping fell ill, Sister Li Zhen remained deeply concerned. In July 2019, she returned to China to stay at her mother's home in Chengyang. We arranged to meet on July 28. I drove Dongping to the Honeymoon Dessert shop at RT-Mart on Changcheng Road. The two of them met, and before she left, she prayed for Dongping. In 2021, when Li Zhen came back to China again, Dongping happened to be at our Yihai Huayuan apartment. I drove to pick up Li Zhen and brought her home to see Dongping, then drove her back to Chengyang. That time, she left us teaching materials on praying in tongues and on faith for us to study. I won't go into further details here.

I am deeply thankful to Pastor Liu and Sister Li Zhen. May God bless them and their family.

Conversations Between Dongping and Me

I mentioned earlier the issue of church gatherings and our moving experiences. I didn't describe the moves merely for the sake of the details, but to express what the church gatherings meant to us. After the 2019 Spring Festival, when Dongping was too ill to attend services, the two of us would discuss things at home. Dongping never stopped reading her Bible, praying, and doing devotions. During that time, she read the Book of Job many times over. The hardships and illnesses that befall a person are not always the result of their own sin. But facing hardship without sinning in word,

heart, or deed — without despair or self-destruction — that is a way of honoring God.

I remember when Faye Wong and Li Yapeng divorced in September 2013. By then, Dongping had been in early retirement for half a year. We both liked Faye Wong's music. But when Dongping brought up the divorce, her perspective and the core of her concern were entirely different. She agreed with the actor Chen Daoming's view: Faye Wong seemed to be searching more for a soulmate — a resonance of thought — rather than a traditional sense of family and kinship. Those words were a shock to my inner world, because I had always assumed Dongping's inner life wasn't that nuanced. But through that moment, I came to realize how superficial my understanding of marriage and family truly was. From then on, I slowly learned to pay closer attention to Dongping's thoughts and inner world, and the topics of our conversations gradually deepened.

You have to understand: my family of origin was somewhat lacking in teaching me about human relationships and social graces. Although both my parents were teachers, they both came from rural Shandong, and their own experience with the complexities of human relationships was thin — even deficient. Fortunately, their own character was deeply honest and loyal, and they actively supported my education. So I was able to smoothly enter a state-owned enterprise, get married smoothly — one life milestone after another, all without major obstacles. I lived according to the path laid out by them and by "the Party." I say "the Party" because people born before 1980 still tended to be relatively traditional, most still operating in a "system-oriented" mindset. Among these people, the bold and far-sighted left to start businesses. People like Dongping and me — rule-

followers just trying to make a living — could only join "the Party" and actively align ourselves with the organization. When our bodies could no longer cooperate with "the Party" to keep working, we sought other spiritual paths. The church became the school that liberated our minds from the system. Jesus Christ became our guide in seeking the meaning of life. Though serving in the church never fully freed us from the bondage of sin, it at least clarified for us the question of where ruling authority ultimately belongs. Following the lead of the Creator in our hearts — that is the engine driving us toward a free life.

After Dongping and I realized this, we were very happy. But our shortcoming was a lack of resolve and courage to truly repent. Perhaps we were, in some ways, dependent on the very environment and sinful entanglements we should have repented of — unwilling to turn away from certain sin-soaked issues and situations: our work, our respective social circles, certain lifestyle habits. I'm not sure if I'm expressing this clearly.

In other words, when our understanding of the Bible, of doctrine, of God's arrangements deepened, that understanding could not, in itself, replace genuine acts of repentance and changes in behavior. Going further: this isn't a verbal, armchair kind of repentance. Each person's faith actually needs to be enriched through lived experience — not just by reading the Bible or doing exegesis, but by combining it with real circumstances: praying, and receiving the arrangements of fate.

Everything I've just described was our process of understanding — from Dongping's first year of illness through the fourth year. It does not represent that either of

us could achieve complete repentance, or that even with determined repentance, we could change the outcome that was already set. We couldn't even free ourselves from the environment. Countless chains bound us — bound our hands and feet like iron shackles. And that was before we even mention the pandemic.

The process of understanding is constantly changing. We are deeply grateful for the inspiration God gave us. The reason I write this down is to serve as a warning for others. There's an old Chinese saying that captures the meaning of "repentance" quite vividly: "If I had known earlier, why did I do it in the first place?" Translating it into my own words: if you had known earlier that unhealthy emotions and thought patterns are the roots of sin and will cause real, physical harm to your future self, you should have repented sooner. When do you start? Right now — this very moment. Trust in God's guidance, dear family and friends. Stop letting phrases like "rely on yourself" and "try harder" control you. Boldly live out a joyful, free life — that is what God hopes for you.

In an earlier passage, I mentioned that Sister Kong had recommended a book to us: "The Most Excellent Way" — the one about healing through prayer. Dongping and I both read it extensively. Judging by the results, it didn't have much effect on either of us. It wasn't a problem with the book's method. I simply feel that a person needs a great deal of other spiritual preparation — and most importantly, from childhood onward, genuinely needs a nurturing environment surrounded by faith. Because spirituality walks alongside daily life. No one can separate prayer from living, and no one's life can be separated from faith. The two are mutually sustaining. If a person spends their entire life

from childhood fighting just to survive, with their thoughts suppressed, the likely outcome is the life of an ox or a horse — especially in China.

The Inhumane "Dynamic Zero-COVID" Policy

I must say this plainly: I harbor deep resentment toward the "Dynamic Zero-COVID" policy that the government enforced during the pandemic. A patient, at her weakest, in greatest need of support, was instead forced to complete nucleic acid tests, present health codes, and comply with quarantine mandates. These so-called policies were formulated without even the most basic logical reasoning, let alone humane moral consideration. No room whatsoever was left for vulnerable populations — especially severely ill patients.

The so-called "unwavering Dynamic Zero-COVID" was repeated from the central government down to every local level. But no one has ever been held accountable for the concrete suffering this policy caused. Take the nucleic acid testing regime we personally experienced: the further it went, the more absurd it became. From once a month, to once a week, to every three days, to every two days — and finally, to within 24 hours, even twice a day. A patient so weak she could barely get out of bed had to be wheeled out to take a test, just to be admitted to the hospital. No test, no admission. And if you got tested but there were no beds available, you feared the platelets wouldn't hold out. The government mindlessly enforced these policies, and at the same time, every pharmacy was mysteriously out of fever reducers and critical medications. It was inhumane.

In 2023, the pandemic restrictions were suddenly lifted. Almost everyone in the country came down with a fever.

The government stopped talking about "Zero-COVID." Overnight, the testing stations were abandoned — relics no one ever looked at again. And that was it. No accounting. No apology. No reflection of any kind. But all those who died during the years of mass testing and lockdown — who cared about them? On December 17, 2022, the day of Dongping's cremation, I saw with my own eyes that the Qingdao Funeral Home's call numbers had passed 200. The cremation furnaces couldn't keep up.

It was not only our family who suffered loss. There were so many, many more.

I know I cannot fight the system. An ordinary person cannot question the decisions made at the highest levels. But I also know that our pain is real. Our anger is real. And what, exactly, did this so-called "Zero-COVID" clear away? In the service of self-interest, you cleared away the warm hearts of people with conscience, people with love.

The Meaning of Writing and the Comfort of Faith

More than two years and three months after Dongping's passing, I have gradually calmed my heart and finally found the courage to write down this experience. After more than half a month of work, I have completed the first draft. This is both a cleansing of my own soul and a record left for my child. I want her to know what kind of person her mother was: strong, serene, dignified — in the face of life, of illness, and ultimately of death.

During those four years of caregiving, my own body and spirit endured extreme hardship. My heart problems, my

emotional fluctuations — I reached the brink of collapse more than once. But thanks be to God: through these experiences, He taught me to submit, to observe, to endure. I began to ask: how do you find the strength of faith in suffering? How do you keep from losing your soul amid crushing reality?

I now understand: suffering in life is not what we should fear — meaningless suffering is. I also understand that what is truly worth pursuing in this world is not comfort, but a life that can still choose goodness and love in the midst of suffering.

I write all of this not as an indictment, but so that more people can see the real situation of an ordinary patient's family in China during the pandemic. We do not wish to be tragic protagonists. We only wish to live with dignity and hope in our faith, freely pursuing the ideals of life. I hope my child, my family, my friends — and even those who read these words beyond our circle — can understand this: trust in the Creator, focus on doing well what is before you, and boldly pursue a life of dignity. This is a right every person should have.

In this long and detailed account, I have tried my best to reconstruct the treatment journey Dongping walked, and to record the real emotions we experienced together — facing illness, life, faith, and farewell. What is recorded here is not merely a memory of sorrow, but the spiritual journey of our lives moving toward maturity. It is my testimony, written at the edge of existence, for the one I loved. It is also my treasuring of that sliver of light in our lives.

Writing, for me, is a form of prayer. It is the work of the Holy Spirit moving and guiding. It is an attempt, even in the

deepest grief of memory, to remain in conversation with God. What we went through is not rare, nor is it isolated. It is the reality that millions upon millions of families are enduring with no place to speak of it. In those hospital wards where we kept vigil day and night, in those silent prayers at the morgue and the funeral hall, our souls were stripped layer by layer, until only one question remained: "What, in the end, is real?"

None of this can be merely covered over by sorrow. Every detail of a life deserves to be remembered. Every struggle, every effort, should not be ignored. It was precisely in the midst of illness, coldness, rushing, waiting, and spiritual hope that we gradually came to understand: what truly comforts a person is not an explanation of "why," but a lived response of "nevertheless — I still love, I still believe, I still hope."

If you have read this far, perhaps you were also praying with us during those days of illness. Perhaps you are now going through similar pain, or worrying for someone you love, or being crushed under the weight of helplessness. I want to tell you: you are not alone. However cold the system in this land may be, there is still warmth within life that you can hold onto — maybe a friend willing to listen, maybe a familiar passage of scripture, maybe this very book in your hands.

The purpose of this memoir is not to plunge anyone into grief. It is to encourage us to cherish the light of the present moment, to face our fragility without denying our dignity. Dongping used her limited years to do what she could — she learned, she served, she accompanied, she endured. She

believed in God, and she believed in people. Her life did not end in silence. It left a testimony: steadfast, quiet, gentle.

I hope these words can become a small lamp for your soul. If you are willing to love, love authentically. If you are willing to live, live freely. If you are willing to believe, keep believing — even in the midst of your questions.

This is my reason for writing, and it is the invitation I extend to you.

— Written in the spring of 2025, a season of cherry blossoms and renewal, when all things revive. Dedicated to all who, in the midst of loss, still seek the light.

Disclaimer

The medications, therapies, and materials mentioned in this book are records of the author's personal experience and are presented solely as personal recollections. They do not constitute medical advice. Readers are advised not to imitate any treatment described herein without consulting a qualified medical professional.

Some individuals mentioned in this book appear under pseudonyms. The relevant accounts are faithful reconstructions of the author's real-life experiences, intended to convey the psychological journey and the environment of that time. They are not meant to attack or assign blame to any person.

To protect privacy, certain real names of individuals, organizations, and institutions have been replaced with pseudonyms. Should any English name bear a phonetic resemblance to a real person, the reader is asked not to draw literal connections or assume identification. The author has no intention of distorting the facts, and asks for the reader's understanding.